	Connecticu	t Department of	f Public H	lealth	Drin	ıking	g Wa	iter S	ection	
	Wate	er Quality Monit	oring and	d Com	plia	nce S	Sche	dule		
PWS ID	PWS Name								wner Type	Primary Source
CT0791213	DEEP EASTERN DI	STRICT HEADQUARTERS			N	С	53	3	S	GW
Local Addr	ess (where applicable)		Service	Residen	tial Co	mmerci	al Ind	dustrial	Combine	d Agricultura
209 HEBRO	ON ROAD		Connections	5						
Towns Serv	ved: MARLBOROUGH									
		Monit	oring Requ	iireme	nts					
Water Sys	stem Facility: DISTRII	BUTION SYSTEM (WSF I	D: 00600)							
Total Col	iform (3100)							1 r	outine (RT	per quarter
Samp	ling Point (Sampling Po	int ID)		Monitori	ng Perio	od C	ollection	on Perio	d Comp	liance Status
Select	t from Inventory of Activ	e Sampling Points		10/1/18 -	12/31/	18			C	Complete
				1/1/19 -	3/31/1	9			(Complete
				4/1/19 -	6/30/1	9				
				7/1/19 - 9/30/19						
-	Parameters (PPS)							1 r	outine (RT	per quarter
Sampling Point (Sampling Point ID)				Monitoring Period			ollection	on Perio	d Comp	liance Status
Select	t from Inventory of Activ	e Sampling Points	:	10/1/18 -	12/31/	18			(Complete
				1/1/19 -	3/31/1	9			(Complete
				4/1/19 -	6/30/1	9				
				7/1/19 -	9/30/1	9				
Water Sys	stem Facility: ENTRY	POINT (WSF ID: 00700))							
Nitrate A	and Nitrite (NOX)								1 routine	RT) per year
Samp	ling Point (Sampling Po	int ID)		Monitori	ng Perio	od C	ollection	on Perio	d Comp	liance Status
ENTR'	Y POINT (3)			1/1/18 -	12/31/1	18			(Complete
				1/1/19 -	12/31/1	L9				
				1/1/20 -	12/31/2	20				
	V	Vater System Facil	ity and Sar	npling	Point	t Inve	ntor	у		
Water						To	otal	Lead an	nd	
-	Water System Facility	Sampling Point		nt			-	Coppe		Stage
Facility ID		ID	Description		Sta	tus R	Rule	Rule Ti	er Asbesto	s WQP 2 DBPI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			4	Υ			
		DOWNSTREAM				4				
		UPSTREAM	WITHIN 5 SER	VICE CON	N /	١				
00700	ENTRY POINT	3	ENTRY POINT		P	4				
10760	WELL #1	2	WELL #1		P	١				
		Con	tact Inform	nation						
Name		0	rganization						Job Title	
Mr. David	Cooley		eep-Engineerin	g Unit			Sup	v Civil Er		
	Idress Line One	Mailing Addres		=			Cit		State	Zip Code
163 Great		0 11				Portlar		-	СТ	06480

Emergency Phone Email Address

david.cooley@ct.gov

860-424-3333

Mobile Phone

860-205-7552

Business Phone

860-342-2215

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

860-344-2560

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

The state of the s								
PWS ID PWS Name				Clas	ssification	Population	Owner Type	Primary Source
CT0791213 DEEP EASTERN DISTRICT HEADQUARTERS					NC	53	S	GW
Local Address (w	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural	
209 HEBRON ROAD		Connections	5					

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
PWS Name	Classification	Population	Owner Type	Primary S

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0790014	AMERICAN LEGION POST 197			NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial Commerc	cial Industr	ial Combin	ed Agricultural
128 EAST HAMI	PTON ROAD	Connections		1			

Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
DISTRIBUTION SYSTEM (4)	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
DISTRIBUTION SYSTEM (4)	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Other Compl	iance Schedules		

Other Compliance Schedules

12/4/2017

Compliance Schedule Activity

Due Date

Achieved Date

CORRECTIVE ACTION/CORRECTIVE ACTION PLAN

	Public Notification Requirements										
	Compliance	Notice	Public No	<u>tification</u>	PN Certification						
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Physical Parameters M&R Violation	11/1/17 - 11/30/17	3	3/19/2019		3/29/2019						
Physical Parameters M&R Violation	10/1/17 - 10/31/17	3	3/19/2019		3/29/2019						
Total Coliform M&R Violation	11/1/17 - 11/30/17	3	3/19/2019		3/29/2019						
Total Coliform M&R Violation	10/1/17 - 10/31/17	3	3/19/2019		3/29/2019						

	V	Vater System Facili	ty and Sampling I	Point li	nventoi	ry			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP .	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		<u> </u>		1				
PWS ID	PWS Name			Classificat	on P	opulation	Owner Type	Primary Source
СТ0790014	AMERICAN LEGION POST 197			NC		25	Р	GW
Local Address (vhere applicable)	Service	Residen	tial Comm	ercial	Industri	al Combine	ed Agricultural
128 EAST HAMI	PTON ROAD	Connections		1				

	Wa	ter System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21371	WELL	2	WELL	Α					

			Co	ontact Inf	ormation					
Name				Organization	1		Job Title			
Mr. Bernard J. Hoyland				American Legion Post 197			Commander			
Mailing Address Line One Mailing Add				ess Line Two		City	State	Zip Code		
			P.O. Box 178			Marlbor	ough	СТ	06447	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Address				
860-295-7810										

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Page 4

Schedule Generation Date: 4/11/2019

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name				Class	sification I	Population	Owner Type	Primary Source
СТ0790044	J&S ENTERPRISE LLC					NC	25	Р	GW
Local Address (where applicable)		Service	Residen	ntial (Commercia	I Industria	al Combine	ed Agricultural
394 NORTH MA	IN STREET		Connections			1			

Monitoring Requirements										
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	: 00600)									
Total Coliform (3100)		1 rout	ine (RT) per quarter							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18									
	1/1/19 - 3/31/19									
	4/1/19 - 6/30/19									
	7/1/19 - 9/30/19									
Physical Parameters (PPS)		1 routine (RT) per quarter								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18									
	1/1/19 - 3/31/19									
	4/1/19 - 6/30/19									
	7/1/19 - 9/30/19									
Water System Facility: ENTRY POINT (WSF ID: 00700)										
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete							
	1/1/19 - 12/31/19									
	1/1/20 - 12/31/20									

Public Notification Requirements										
	Compliance	Notice	Public Notification		PN Certij	<u>fication</u>				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform M&R Violation	7/1/13 - 9/30/13	2	3/27/2014		4/6/2014					
Total Coliform M&R Violation	10/1/13 - 12/31/13	3	6/21/2014		7/1/2014					
Physical Parameters M&R Violation	7/1/13 - 9/30/13	3	2/25/2015		3/7/2015					
Physical Parameters M&R Violation	10/1/13 - 12/31/13		5/22/2015		6/1/2015					
Physical Parameters M&R Violation	10/1/18 - 12/31/18	3	2/11/2020		2/21/2020					
Total Coliform M&R Violation	10/1/18 - 12/31/18	3	2/11/2020		2/21/2020					

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
21373	WELL	2	WELL	Α								
55499	BLADDER TANK											

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		7							
PWS ID	PWS Name				Clas	sification	Population	Owner Type	Primary Source
СТ0790044	J&S ENTERPRISE LLC					NC	25	Р	GW
Local Address (where applicable)		Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural
394 NORTH MA	IN STREET		Connections			1			

Contact Information											
Name					Organization		Job Title				
Mr. Nadeem Kham					J&S Enterpris	e LLC.	Member				
Mailing Address Line One Mailing Addre				ess Line Two			City		Zip Code		
394 North Main Str	eet						Marlbor	ough	СТ	06447	
Business Phone	Extension	Fax		Мо	bile Phone	Emergency Phone	Email Address				
860-295-1618		860-529-7	7182	860)-918-8486		jdsgasway@hotmail.com				

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connaction	an autor ant - f	Dublic	loolth D	wi w 1_2	- TA	Johan C	o ati o re		
	Connecticut D	•						ection		
		Quality Monit	oring and							
PWS ID	PWS Name			Cla		on Pop		vner Type P	rimary Source	
СТ079009		NITY CHURCH			NC		25	Р	GW	
Local Add	ress (where applicable)		Service	Residential	Comm	ercial	Industrial	Combined	Agricultural	
24 SOUTH	l ROAD		Connections		1	-				
Towns Sei	rved: MARLBOROUGH									
		Monito	oring Requ	irement	5					
Water Sy	stem Facility: DISTRIBUTI	ON SYSTEM (WSF II	D: 00600)							
Total Co	liform (3100)						1 rc	utine (RT)	per quarter	
Sam	pling Point (Sampling Point ID)		Monitoring I	Period	Colle	ction Perio	d Compli	ance Status	
Selec	ct from Inventory of Active Sar	npling Points		10/1/18 - 12,	/31/18			Co	mplete	
				1/1/19 - 3/3	31/19			Co	mplete	
				4/1/19 - 6/3	30/19					
				7/1/19 - 9/3	30/19					
Physical	Parameters (PPS)						1 rc	utine (RT)	per quarter	
Sam	pling Point (Sampling Point ID)	Monitoring Period				ction Perio	d Compli	ance Status	
Seled	ct from Inventory of Active Sar	npling Points	:	10/1/18 - 12,	/31/18			Co	mplete	
				1/1/19 - 3/3	31/19			Co	mplete	
				4/1/19 - 6/3	30/19					
				7/1/19 - 9/3	30/19					
Water Sy	stem Facility: ENTRY POI	NT (WSF ID: 00700)								
Nitrate A	And Nitrite (NOX)							L routine (F	T) per year	
Sam	pling Point (Sampling Point ID)	Monitoring Period				Collection Period Compliance Sta			
ENTF	RY POINT (3)			1/1/18 - 12/	31/18			Complete		
				1/1/19 - 12/	31/19			Co	Complete	
				1/1/20 - 12/	31/20					
	Wat	er System Facili	ty and Sar	npling Po	int In	vent	ory			
Water						Total	Lead an	d		
System	Water System Facility	Sampling Point	Sampling Poi	nt		Colifori	m Copper		Stage	
Facility ID		ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBPI	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α					
		UPSTREAM	WITHIN 5 SER	VICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT		Α					
21378	WELL	2	WELL		Α					
		Con	tact Inforr	mation						
Name		Oı	ganization					Job Title		
Ms. Wend	dy K Nichols		llowship Comr	n. Church		А	dmin. Assis	tant		
	ddress Line One	Mailing Address					City	State	Zip Code	

Mobile Phone

Marlborough

FCC@COPPER.NET

Emergency Phone Email Address

860-295-9629

06447

24 South Road

Business Phone

860-295-0844

Extension

Contact Role(s): Administrative Contact

Fax

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quality Fromtering and demphasize believane										
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source				
СТ0790094	FELLOWSHIP COMMUNITY CHURCH	NC	25	Р	GW						
Local Address (v	vhere applicable)	Service	Resider	ntial Commerci	al Industri	ial Combine	ed Agricultural				
24 SOUTH ROAD Connections			1								

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule											
	anty Mont	ornig and									
PWS ID PWS Name	1140		(Primary Source			
CT0790124 HARTFORD COUNTY 4-H CA	AIVIP	Comics	D a a i al 1 1	NC		25	P	GW A swisy alternal			
Local Address (where applicable)		Service Connections	Residenti			ndustrial	Combined	d Agricultural			
247 SOUTH ROAD		Connections		1	L						
Towns Served: MARLBOROUGH											
Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)											
Total Coliform (3100) 1 routine (RT) per quarter											
Sampling Point (Sampling Point ID)		Λ.	lonitorin	a Period	Collec	tion Perio		iance Status			
	a Doints		1/1/19 - 6		Conec	lion Perio	u Compi	idrice Status			
Select from Inventory of Active Samplir	ig Points										
Dhysical Daysmatays (DDC)		•	7/1/19 - 9	9/30/19		4					
Physical Parameters (PPS)		Δ.	lanitarin	a Dovind	Callas			per quarter			
Sampling Point (Sampling Point ID)	a Doints		lonitorin		Conec	tion Perio	u Compi	liance Status			
Select from Inventory of Active Samplir	ng Points		1/1/19 - 6	-							
144			7/1/19 - 9	9/30/19							
Water System Facility: ENTRY POINT -	WELL 1 (WSF II): 00700)									
Nitrate And Nitrite (NOX)		_					-	RT) per year			
Sampling Point (Sampling Point ID)			lonitorin		Collec	tion Perio		liance Status			
ENTRY POINT - WELL 1 (3)			/1/18 - 1				C	omplete			
			/1/19 - 1								
			/1/20 - 1	2/31/20							
Water System Facility: ENTRY POINT -	WELL 2 (WSF ID	D: 00701)									
Nitrate And Nitrite (NOX)							-	RT) per year			
Sampling Point (Sampling Point ID)		N	Monitoring Period			tion Perio	d Comp	liance Status			
ENTRY POINT - WELL 2 (3)		1	/1/18 - 1	2/31/18			C	omplete			
		1	1/1/19 - 12/31/19								
		1	/1/20 - 1	2/31/20							
	Other Co	ompliance S	Schedu	ules							
Compliance Schedule Activity			D	ue Date		Achieve	d Date				
CROSS CONNECTION SURVEY REPORT			3,	/1/2015							
SEASONAL START UP COMPLETION			4,	/1/2019							
Water 9	System Facili	ty and Sam	pling I	Point Ir	rvento	ry					
Water Section Society	Community Date	Commellia Date			Total	Lead an					
System Water System Facility	Sampling Point		ī		Coliform			Stage 2 DRDB			
Facility ID	ID	Description	CVCTT	Status	Rule	ките Гт	er Aspestos	WQP 2 DBPR			
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION		A	Υ						
	DOWNSTREAM			A							
	UPSTREAM	WITHIN 5 SERV		A							
00700 ENTRY POINT - WELL 1	3	ENTRY POINT -		Α							
00701 ENTRY POINT - WELL 2	3	ENTRY POINT -	WELL 2	Α							
21381 WELL 1 (MAIN WELL)	2	WELL		Α							

WELL 2

Α

2

55013 WELL 2 (AUXILIARY

WELL)

Water Quality Monitoring and Compliance Schedule									
PWS ID PWS Name				Classification		Population	Owner Type	Primary Source	
СТ0790124	HARTFORD COUNTY 4-H CAMP				NC	25	Р	GW	
Local Address	Service	Resider	ntial Commerci		al Industria	al Combine	d Agricultural		
247 SOUTH RO	Connections			1					

Connecticut Department of Public Health Drinking Water Section

Towns Served: MARLBOROUGH

			Co	ontact Inf	ormation					
Name				Organization	า	Job Title				
Mr. William Bradle	У			Hartford Co	unty 4-H Camp		Camp Caretaker			
Mailing Address Lin	e One		Mailing Addr	ress Line Two			City	State	Zip Code	
Camp Caretaker	amp Caretaker 247 South Ro			oad		South W	indsor	СТ	06074-2410	
Business Phone	Business Phone Extension Fax		Mo	obile Phone	Emergency Phone	Email Address				
						wbradley247@gmail.com				
Contact Role(s): Ac	dministrative	Contact								
Name				Organization			Job Title			
Ms. Cathy Dillon-O	rduz			Hartford Co	unty 4-H Camp		President			
Mailing Address Lin	e One		Mailing Addr	ress Line Two			City	State	Zip Code	
Hartford County 4-H	H Camp Presid	ent	428 Pleasant	Valley Road		South Windsor		СТ	06074	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address				
			86	0-462-1534		korduz@att.net				

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name C					ssification	Population	Owner Type	Primary Source
СТ0790174	LIBERTY BANK				NC	25	Р	GW
Local Address (where applicable)		Service	Residential		Commercia	al Industri	al Combine	ed Agricultural
26 EAST HAMPT	ON ROAD	Connections			1			

Towns Served: MARLBOROUGH

Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
DISTRIBUTION SYSTEM (4)	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

Compliance Schedule ActivityDue DateAchieved DateRESPOND TO SANITARY SURVEY1/15/2017

Water System Facility and Sampling Point Inventory

Water Total Lead and System Water System Facility Sampling Point Sampling Point Coliform Copper

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connectic	ut Depa	rtment	of Public	c Health	Drir	ıking	g Water	Se	ection	
	Wa	ter Qual	lity Mor	nitoring a	and Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name			<u> </u>		_	ication	T	_	ner Type	Primary Sour
СТ0790174	LIBERTY BANK					N	С	25		Р	GW
Local Address (w	here applicable)			Service	Resider	ntial Co	mmerci	al Industri	ial	Combine	ed Agricultu
26 EAST HAMPT	ON ROAD			Connection	ons		1				
Towns Served: N	MARLBOROUGH				-	'		1	,		'
Facility ID	,		ID	Description	on	Sta	tus R	Rule Rule	Tier	Asbesto	s WQP 2 DB
00600 DISTR	RIBUTION SYSTEM	1	4	DISTRIBU'	TION SYSTEN		4	Υ			
			DOWNSTREA	AM WITHIN 5	SERVICE CO	N A	A				
			UPSTREAM	/ WITHIN 5	SERVICE CO	N A	A				
00700 ENTR	Y POINT		3	ENTRY PC	DINT	A	A				
21385 WELL			2	WELL		A	Ą				
			С	ontact Inf	ormation	1					
Name				Organization	 1					Job Title	
Liberty Bank											
Mailing Address	Line One		Mailing Add	ress Line Two				City		State	Zip Code
P.O. Box 2700							Middle	etown		СТ	06457
Business Phon	e Extension	Fax	M	obile Phone	Emergency	y Phone	Email A	Address			
800-622-6732	2										
Contact Role(s):	Legal Contact		,								
Name				Organization	1					Job Title	9
Ms. Melinda A.	St. John			Liberty Bank							
Mailing Address	Line One		Mailing Add	ress Line Two				City		State	Zip Code
315 Main Street			P. O. Box 27	00			Middle	etown		СТ	06457
Business Phon	e Extension	Fax	M	obile Phone	Emergency	y Phone	Email A	Address			
860-344-7324	ļ.				860-395	-7221	mstjoh	n@liberty-b	ank	.com	
Contact Role(s):	Owner										
Name				Organization	1					Job Title	9
Mr. Steve F. Hal	ibozek			Liberty Bank				Fac. Supe	rvisc	or	
Mailing Address	Line One		Mailing Add	ress Line Two				City		State	Zip Code
315 Main Street			P. O. Box 27	00			Middle	etown		СТ	06457
Business Phon	e Extension	Fax	M	obile Phone	Emergency	y Phone	Email A	Address			
860-234-0075	5				860-395	-7221	shalibo	ozek@liberty	y-ba	nk.com	
Contact Role(s):	Administrative	Contact									

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	epartment of	Public F	lealth	Drin	king	y Wa	ater S	Sec	ction	
		Quality Monit									
PWS ID	PWS Name	durity Monit	oring an				_			er Type P	rimary Source
CT079020		RESTAURANT			N		-	25		P	GW
Local Add	ress (where applicable)		Service	Resident	ial Cor	nmerc	ial In	ıdustrial	(Combined	Agricultural
	NDENCE DRIVE		Connections			1					
Towns Sei	rved: MARLBOROUGH			1							!
		Monito	oring Requ	uiremei	nts						
Water Sy	stem Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)								
Total Co	liform (3100)							1 ו	rout	ine (RT)	per quarter
Samj	pling Point (Sampling Point ID))		Monitorir	ng Perio	od C	Collect	ion Peri	od	Compli	ance Status
Selec	ct from Inventory of Active Sam	pling Points		10/1/18 -	12/31/3	18				Co	mplete
			1/1/19 -	3/31/19	9				Co	mplete	
			4/1/19 -								
				7/1/19 -	9/30/19	9					
-	Parameters (PPS)										per quarter
Sampling Point (Sampling Point ID)				Monitorin			Collect	ion Peri	od		ance Status
Select from Inventory of Active Sampling Points				10/1/18 -							mplete
				1/1/19 -						Со	mplete
				4/1/19 -							
				7/1/19 -	9/30/19	9					
•	stem Facility: ENTRY POIN	IT (WSF ID: 00700)									
	And Nitrite (NOX)	_									RT) per year
_	pling Point (Sampling Point ID)			Monitorin			Collection Period			Compliance Status	
ENTF	RY POINT (3)			1/1/18 - 1						Complete	
				1/1/19 - 1						Со	mplete
				1/1/20 - 1							
	Wate	er System Facili	ity and Sai	mpling	Point	Inve	entoi	Y			
Water							otal	Lead a			
System	Water System Facility	Sampling Point		int			iform	Coppe		A - b t	Stage
Facility ID		ID	Description		Stat	LUS	Rule	Kule I	ier	Aspestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	11	DISH SINK	NI CVCTERA	A		Y				
		4	DISTRIBUTIO		Α.		Υ				
		DOWNSTREAM									
00700	ENTRY ROUNT	UPSTREAM	WITHIN 5 SEI								
00700	ENTRY POINT	3	ENTRY POINT		A						
21388	WELL	2	WELL		А	Ī					
56842	TREATMENT										
		Con	tact Infor	mation							

Organization

Mobile Phone

Mailing Address Line Two

Job Title

State

CT

Zip Code

06447

Owner

City

Marlborough

Emergency Phone Email Address

860-295-8970

Name

Mr. Nikolaos Aivaliotis

7 Independence Dr

Business Phone

860-295-8181

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quanty Fromtoring and compliance beneaute											
PWS ID	PWS Name C				Population	Owner Type	Primary Source					
СТ0790204	MARLBOROUGH PIZZA RESTAURANT	NC	25	Р	GW							
Local Address (v	Local Address (where applicable)			tial Commerci	ial Industri	al Combine	ed Agricultural					
7 INDEPENDENC	CE DRIVE	Connections		1								
Towns Served: I	MARLBOROUGH											

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source		
СТ0790234	MARLBOROUGH TOWN HALL			NC	38	L	GW			
Local Address	Service	Residen	tial	Commercia	al Industria	Combine	d Agricultural			

1

Connections

26 NORTH MAIN STREET

Towns Served: MARLBOROUGH							
N	Ionitoring Requ	uirement	ts				
Water System Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)						
Total Coliform (3100)				1 r	outine (RT) p	er quarter	
Sampling Point (Sampling Point ID)		Monitoring Period Collection Per			od Compliance Statu		
Select from Inventory of Active Sampling Points		10/1/18 - 1	2/31/18		Cor	nplete	
		1/1/19 - 3,	/31/19		Cor	nplete	
		4/1/19 - 6,	/30/19				
		7/1/19 - 9,	/30/19				
Physical Parameters (PPS)				1 re	outine (RT) per quarter		
Sampling Point (Sampling Point ID)		Monitoring Period Collection			od Complia	ınce Status	
Select from Inventory of Active Sampling Points		10/1/18 - 1	2/31/18		Complete		
		1/1/19 - 3,	/31/19		Cor	nplete	
		4/1/19 - 6,	/30/19				
		7/1/19 - 9,	/30/19				
Water System Facility: ENTRY POINT (WSF ID:	00700)						
Nitrate And Nitrite (NOX)					1 routine (R	Γ) per year	
Sampling Point (Sampling Point ID)		Monitoring	Period C	ollection Perio	od Complia	ınce Status	
ENTRY POINT (3)		1/1/18 - 12	2/31/18		Cor	nplete	
		1/1/19 - 12	2/31/19				
		1/1/20 - 12	2/31/20				
Publi	c Notification F	Requiren	nents				
	Compliance	Notice	Public No	<u>otification</u>	PN Certi	fication	
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received	
Total Coliform M&R Violation	7/1/10 - 9/30/10	2	1/19/2011		1/29/2011		
Physical Parameters M&R Violation	7/1/10 - 9/30/10	3	12/20/2011		12/30/2011		

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
21390	WELL	2	WELL	Α								

				Cont	act Inf	ormation				
Name				Org	ganization				Job Title	
Mr. James G Karrei	nberg			Tov	wn of Mar	lborough		Chief Sanit	arian	
Mailing Address Lin	e One		Mailing	Address	Line Two			City	State	Zip Code
26 North Main Stre	et		Р О Вох	k 29			Marlbor	ough	СТ	06447
Business Phone	Extension	Fax		Mobile	Phone	Emergency Phone	Email Ad	ddress		
860-295-6202		860-295-0	0317			860-675-1210	HEALTH	DEPT@MAR	LBOROUGHC	T.COM

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

(Connectic	ut Depa	rtme	nt of	Public I	Health	Dri	nking	Water	Section	
	Wat	ter Qua	lity M	onito	oring an	d Con	nplia	ince S	chedul	e	
PWS ID	PWS Name						Classif	fication	Population	Owner Type	Primary Source
CT0790234	MARLBOROUGH	TOWN HAL	L				١	1C	38	L	GW
Local Address (wh	nere applicable)				Service	Resider	tial Co	ommercia	al Industri	al Combine	ed Agricultural
26 NORTH MAIN	STREET				Connections	5		1			
Towns Served: M	ARLBOROUGH				1					1	
Contact Role(s):	Administrative	Contact									
Name				Org	ganization					Job Titl	e
Ms. Catherine D.	Gaudinski			Tov	wn of Marlbo	orough			First Selec	ctman	
Mailing Address L	ine One		Mailing A	Address	Line Two				City	State	Zip Code
26 North Main St	reet		P.O. Box	29				Marlbo	rough	СТ	06447-0029
Business Phone	Extension	Fax		Mobile	e Phone E	mergency	/ Phone	Email A	ddress	1	
860-295-6204		860-295-	0317					firstsele	ectman@ma	arlboroughct	.net
Contact Role(s):	Legal Contact				'						

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut D	epartment of	Public H	lealth D	rink	ing V	Vater	Se	ction	
	Water (Quality Monit	oring and	d Comp	liano	ce Scl	hedul	e		
PWS ID	PWS Name	<u> </u>	0		assificat				ner Type F	rimary Source
СТ079027	4 CHATEAU LE GARI				NC		25		Р	GW
Local Add	ress (where applicable)		Service	Residentia	Comr	nercial	Industria	al	Combined	l Agricultural
303 SOUT	H MAIN STREET		Connections			1				_
Towns Sei	rved: MARLBOROUGH			I						
		Monito	oring Requ	irement	:S					
Water Sy	stem Facility: DISTRIBUT	ION SYSTEM (WSF I	D: 00600)							
Total Co	liform (3100)						1	rou	tine (RT)	per quarter
Sam	pling Point (Sampling Point IL	D)		Monitoring	Period	Colle	ction Per	riod	Compl	iance Status
Selec	ct from Inventory of Active Sai	mpling Points	:	10/1/18 - 12	2/31/18				Co	omplete
				1/1/19 - 3/	31/19				Co	omplete
				4/1/19 - 6/	30/19					
				7/1/19 - 9/	30/19					
Physical	Parameters (PPS)						1	rou	tine (RT)	per quarter
Sam	pling Point (Sampling Point IL	0)		Monitoring	Period	Colle	ction Per	riod	Compl	iance Status
Selec	ct from Inventory of Active Sai	mpling Points		10/1/18 - 12	2/31/18				Co	omplete
				1/1/19 - 3/	-				Co	omplete
				4/1/19 - 6/	-					
				7/1/19 - 9/	30/19					
	stem Facility: ENTRY POI	NT (WSF ID: 00700)								
	And Nitrite (NOX)								-	RT) per year
	pling Point (Sampling Point IL	0)		Monitoring		Colle	ction Per	riod		iance Status
ENTF	RY POINT (3)			1/1/18 - 12					Co	omplete
				1/1/19 - 12						
				1/1/20 - 12	•					
		Other Co	ompliance	Schedu	les					
Complian	ce Schedule Activity			Du	e Date		Achie	ved I	Date	
CROSS CO	NNECTION SURVEY REPORT			3/1	/2020					
	Wat	er System Facili	ty and Sar	npling P	oint l	nvent	ory			
Water						Total	Lead	and		
System	Water System Facility	Sampling Point		nt		Colifor				Stage
Facility ID		ID .	Description		Status		Rule	Tier	Asbestos	WQP 2 DBPF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ				
00700	ENTRY POINT	3	ENTRY POINT		Α					
21394	WELL	2	WELL		Α					
61009	BLADDER STORAGE									
		Con	tact Inforr	mation						
Name		O	ganization						Job Title	
Mr. Gary	Crump									
Mailing A	ddress Line One	Mailing Address	s Line Two				City		State	Zip Code

Marlborough

garyvin27@sbcglobal.net

Emergency Phone Email Address

860-559-1457

06447

303 South Main St

Fax

Mobile Phone

Business Phone

860-467-6296

Extension

Contact Role(s): Administrative Contact, Owner

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	water Quarity ivi	officoring and	a Con	upi	iance c	ciicaai	C	
PWS ID PWS Name (Population	Owner Type	Primary Source
СТ0790274	CHATEAU LE GARI		NC	25	Р	GW		
Local Address (where applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
303 SOUTH MA	Connections			1				
		•					•	

Towns Served: MARLBOROUGH Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Departmen	nt of Public H	lealth I) Prinkin	g Water	Sectio	n
	Water Quality Mo	onitoring an	d Comp	oliance	Schedul	le	
PWS ID	PWS Name		С	lassification	Population	Owner Ty	e Primary Sour
СТ0790354	ST JOHN FISHER CHURCH			NC	25	Р	GW
Local Address (v	where applicable)	Service	Residentia	al Commerc	ial Industri	al Comb	ined Agricultui
JONES HOLLOW	/ ROAD	Connections		1			
Towns Served: I	MARLBOROUGH	·				·	
	M	onitoring Requ	uiremen	ts			
Water System	Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)					
Total Coliforn	n (3100)				1	routine (RT) per quarte
Sampling F	Point (Sampling Point ID)		Monitoring	Period (Collection Pe	riod Co	mpliance Status
Select from	n Inventory of Active Sampling Points		10/1/18 - 1	2/31/18			Complete
			1/1/19 - 3	/31/19	<u> </u>		Complete
			4/1/19 - 6	/30/19			

	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

Other Compliance Schedules

 Compliance Schedule Activity
 Due Date
 Achieved Date

 RESPOND TO SANITARY SURVEY
 10/28/2018

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
21402	WELL	2	WELL	Α								
55495	BLADDER TANK											

55497 IRON AND MANGANESE FILTER

			Co	ontact Info	ormation				
Name				Organization				Job Title	
St. John Fisher Chu	rch Corporation	on							
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
24 Cheney Road						Marlbor	ough	СТ	06447
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ldress		
860-295-0067									

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C	Connectic	ut Depa	rtmer	nt of	Public H	Health	Drin	king '	Water S	Sectio	n	
	Wat	ter Qual	lity M	onit	oring an	d Com	plia	nce So	chedule	9		
PWS ID P	WS Name						Classifi	cation P	opulation C	Owner Ty	pe P	rimary Source
CT0790354 S	T JOHN FISHER	CHURCH					N	С	25	Р		GW
Local Address (wh	ere applicable)				Service	Resident	ial Co	mmercial	Industrial	Comb	ined	Agricultural
JONES HOLLOW R	OAD				Connections	6		1				
Towns Served: MA	ARLBOROUGH					·	·					
Contact Role(s):	Owner											
Name				Or	ganization					Job 1	itle	
Mr. Arthur J. Aud	et			St	. John Fisher (Church			Administra	tor		
Mailing Address Li	ne One		Mailing A	Address	s Line Two				City	Sta	te	Zip Code
30 Jones Hollow R	oad							Marlbor	ough	СТ	•	06447
Business Phone	Extension	Fax		Mobil	le Phone E	mergency	Phone	Email Ad	ldress			
860-295-0001		860-295-8	3682			860-295-0	0067	stjohnfis	h@aol.com			
Contact Role(s):	Legal Contact											
Name				Or	rganization					Job 1	ïtle	
Reverend Thomas	s J Sas			St	. John Fisher (Church			Pastor			
Mailing Address Li	ne One		Mailing A	Address	s Line Two				City	Sta	te	Zip Code
30 Jones Hollow R	oad							Marlbor	ough	СТ	•	06447
Business Phone	Extension	Fax		Mobi	le Phone E	mergency	Phone	Email Ad	ldress			
860-295-0001		860-295-8	3682					stjohnfis	her30@yah	oo.com		
Contact Role(s):	Administrative	Contact										

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- L. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section											
Water Quality Monitoring and Compliance Schedule											
		Clas	ssification	Population	Owner Type	Primary Source					
			NC	25	Р	GW					
Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural					
-11 SO. MAIN STREET Connections 1											
Towns Served: MARLBOROUGH											
	oring and	oring and Con Service Resider	oring and Compl Class Service Residential	Classification NC Service Residential Commerci	Classification Population NC 25 Service Residential Commercial Industri	Classification Population Owner Type NC 25 P Service Residential Commercial Industrial Combine					

Towns Served: MARLBOROUGH			
Monito	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID	: 00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarte
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarte
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per yea
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Water System Facility: WELL 2 (WSF ID: 21404)			
E. Coli (3014)		1 rout	ine (RT) per quarte
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL 2 (2)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: DUG WELL 1 (WSF ID: 57610)			
E. Coli (3014)		1 rout	ine (RT) per quarte
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
DUG WELL 1 (2)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

	W	/ater System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	А	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					

	Water Quality Monit	oring an	d Con	npl	liance S	Schedul	e	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0790374	MARLBOROUGH PROFESSIONAL CENTER				NC	25	Р	GW
Local Address (w	vhere annlicable)	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural

Connections

1

Connecticut Department of Public Health Drinking Water Section

Towns Served: MARLBOROUGH

9-11 SO. MAIN STREET

	W	ater System Facili	ity and Sampli	ng Point Ir	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Sta WQP 2 DI	_
00700	ENTRY POINT	3	ENTRY POINT	Α					
21404	WELL 2	2	WELL 2	Α					
57610	DUG WELL 1	2	DUG WELL 1	Α					
57627	TREATMENT PLANT								

				Contact Inf	ormation					
Name	Organization Job Title									
Mr. Douglas Thiboo	deau			erator						
Mailing Address Lin	e One		Mailing	Address Line Two		City State Zip C				
21 Portland Rd						Marlborough CT 06447				
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
860-295-9189		860-295-	8448		860-978-1513	dougt21@comcast.net				
Contact Role(s): A	dministrative	Contact, Leg	al Conta	act, Owner						
Name				Organization	1			Job Title		
Ms. Nathalie D. Thi	bodeau			Marlborougl	n Professional Ctr.		Owner			
Mailing Address Lin	e One		Mailing	Address Line Two		City State Zip Co				
21 Portland Rd						Marlborough CT 0644				
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email A	ddress	1		
860-295-9189		860-659-	9368							

Contact Role(s): Owner Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 4/11/2019

	Connecticut Depart	men	it of Public H	lealth [)rinkii	ng Wate	r S	ection	
	Water Qualit	v Mo	onitoring and	d Comr	oliance	e Schedi	ıle		
PWS ID	PWS Name		8 -					wner Type Pri	mary Source
СТ0790454	MARLBOROUGH COUNTRY BAR	N# 1			NC	25		P	GW
Local Address (where applicable)		Service	Residentia	I Comme	ercial Indust	trial	Combined	Agricultural
45 NORTH MAII	N STREET		Connections		3				
Towns Served:	MARLBOROUGH			I					
		M	onitoring Requ	irement	ts				
Water System	Facility: DISTRIBUTION SYST	EM (WSF ID: 00600)						
Total Coliforn	n (3100)						1 r	outine (RT) p	er quarter
Sampling	Point (Sampling Point ID)			Monitoring	Period	Collection F	Perio	d Complia	nce Status
Select fron	n Inventory of Active Sampling Po	ints	:	10/1/18 - 12	2/31/18			Con	nplete
				1/1/19 - 3/	/31/19			Con	nplete
				4/1/19 - 6/	/30/19				
				7/1/19 - 9/	/30/19				
Physical Para	meters (PPS)						1 r	outine (RT) p	er quarter
Sampling	Point (Sampling Point ID)			Monitoring	Period	Collection F	Perio	d Complia	nce Status
Select fron	n Inventory of Active Sampling Po	ints		10/1/18 - 12	2/31/18			Con	nplete
				1/1/19 - 3/	/31/19			Con	nplete
				4/1/19 - 6/	/30/19				
				7/1/19 - 9/	/30/19				
Water System	Facility: ENTRY POINT (WSF	ID: 00	0700)						
Nitrate And N	litrite (NOX)							1 routine (RT	') per year
Sampling	Point (Sampling Point ID)			Monitoring	Period	Collection F	Perio	d Complia	nce Status
ENTRY PO	INT (3)			1/1/18 - 12	/31/18			Con	nplete
				1/1/19 - 12	/31/19				
				1/1/20 - 12	/31/20				
		Oth	er Compliance	Schedu	les				
Compliance Sch	nedule Activity			Du	e Date	Ach	ieve	d Date	
RESPOND TO SA	ANITARY SURVEY			5/4	4/2019				
	Р	ublic	Notification R	equiren	nents				
			Compliance	Notice	<u>Public</u>	Notification	<u>!</u>	<u>PN Certi</u> j	<u>fication</u>
Violation/Situa			Period	Tier	Require		ned	Due to DPH	Received
•	eters M&R Violation		10/1/08 - 12/31/08		3/9/201			3/19/2010	
Physical Parame	eters M&R Violation		1/1/09 - 3/31/09	3	6/1/201			6/11/2010	
	Water Syst	em F	acility and Sar	npling P	oint In	ventory			
Water							d an		
*	er System Facility San		Point Sampling Poi	nt		-	ppe		Stage
Facility ID	DIDUTION CYCTER 4	ID	Description	L CVCTTA A	Status		ie Ti	er Asbestos V	NUP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION		A	Υ			
	DO	WNSTI	REAM WITHIN 5 SER	RVICE CON	Α				

WITHIN 5 SERVICE CON

ENTRY POINT

WELL#1

Α

Α

Α

UPSTREAM

3

2

00700 ENTRY POINT

WELL #1

56264 BLADDER TANK

21412

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classif	fication F	Population	Owner Type	Primary Source
CT0790454	MARLBOROUGH COUNTRY BARN# 1			ı	NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial Co	ommercia	l Industria	al Combine	ed Agricultural
45 NORTH MAIN	N STREET	Connections			3			

		Co	ontact Inf	ormation					
			Organization	า		Job Title			
1			Country Bar	n Properties		Owner			
e One		Mailing Addr	Mailing Address Line Two				State	Zip Code	
					Colchest	ter	СТ	06415	
Extension	Fax	Мо	obile Phone Emergency Phone Email Address						
				860-295-1311					
	e One	e One	n e One Mailing Addr	Organization Country Bar e One Mailing Address Line Two	e One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone	Organization Country Barn Properties e One Mailing Address Line Two Colchest Extension Fax Mobile Phone Emergency Phone Email Ad	Organization Country Barn Properties Owner e One Mailing Address Line Two Colchester Extension Fax Mobile Phone Emergency Phone Email Address	Organization Job Title Country Barn Properties Owner e One Mailing Address Line Two City State Colchester CT Extension Fax Mobile Phone Emergency Phone Email Address	

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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	Connecticut D	epartment of Quality Monit					_			ection	
PWS ID	PWS Name	Quality Monit	oring an	u Con					_	ner Type Pi	rimary Source
CT0798024		Т				IC		25		Р	GW
	ess (where applicable)	<u> </u>	Service	Residen	tial Co	omme	rcial	Industr	ial	Combined	Agricultural
	MAIN STREET		Connections			2					
Towns Serv	ved: MARLBOROUGH										
		Monito	oring Requ	ıireme	nts						
Water Sys	tem Facility: DISTRIBUTI										
•	form (3100)	•	•					:	1 rou	ıtine (RT) ı	per quarter
	ling Point (Sampling Point IL)		Monitori	ng Peri	iod	Colle	ction Pe			ance Status
	from Inventory of Active Sar			10/1/18 -						Co	mplete
				1/1/19 -	3/31/1	19				Co	mplete
				4/1/19 -	6/30/1	19					
				7/1/19 -	9/30/1	19					
Physical I	Parameters (PPS)							:	1 rou	ıtine (RT) _l	per quarter
Samp	ling Point (Sampling Point IL	<i>)</i>)		Monitori	ng Peri	iod	Colle	ction Pe	eriod	Compli	ance Status
Select	from Inventory of Active Sar	mpling Points		10/1/18 -	12/31,	/18				Co	mplete
				1/1/19 -	3/31/1	19				Co	mplete
				4/1/19 -	6/30/1	19					
				7/1/19 -	9/30/1	19					
Water Sys	tem Facility: ENTRY POI	NT (WSF ID: 00700)									
	nd Nitrite (NOX)								1	routine (R	T) per year
Samp	ling Point (Sampling Point IL	<i>)</i>		Monitori	ng Peri	iod	Colle	ction Pe	eriod	Compli	ance Status
ENTR	POINT (3)			1/1/18 -						Co	mplete
				1/1/19 -							
				1/1/20 -							
	Wat	er System Facili	ty and Sai	mpling	Poin	t Inv	vent	ory			
Water							Total	Lead	and		
	Water System Facility	Sampling Point		nt		(Coliforn	-	per		Stage
Facility ID		ID	Description			atus	Rule	Rule	Tier	Asbestos	WQP 2 DBPF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO			A					
		DOWNSTREAM				A					
		UPSTREAM	WITHIN 5 SEF			Α					
	ENTRY POINT	3	ENTRY POINT	•		A					
	WELL #2	2	WELL #2			A					
56270	ATMOSPHERIC TANK										
56272	BLADDER TANK										

			Co	ontact Inf	ormation					
Name				Organization				Job Title		
Mr. Kevin M. Hagg	erty			Sadler¿S Res	Sadler¿S Restaurant Chef / Owner					
Mailing Address Lin	e One	Mailing Addr	ess Line Two			City	State	Zip Code		
61 N Main St			P. O. Box 433	3		Marlbor	ough	СТ	06447	
Business Phone	Extension	Fax	Mo	obile Phone						
860-295-0006					860-977-1364	mrkhags@aol.com				
Contact Role(s): A	dministrative	Contact, Leg	gal Contact, O	wner	•					

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	viacor quarrey ritorine	or mg am	u 0011	TP.	idiioo t	onean		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0798024	SADLER'S RESTAURANT				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	itial Commerci		al Industri	al Combine	ed Agricultural
61 NORTH MAI	N STREET	Connections			2			

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

		_												
	(oartment of								ction		
			Water Qu	ality Monit	oring an	d Con	ıpl	lianc	e Scl	hedul	е			
PWS ID	ı	PWS Name	9				Cla	ssificati	on Po	pulation	Own	er Type Pr	imary Source	
СТ079803	3 4 J	ESSICA'S	GARDEN					NC		36		Р	GW	
Local Addı	ress (wł	nere appli	cable)		Service	Residen	tial	Comm	ercial	Industria	I	Combined	Agricultura	
198 E HAN	MPTON	RD			Connections							1		
Towns Ser	rved: M	ARLBORO	UGH						,					
				Monite	oring Requ	ıireme	nts	;						
Water Sy	stem F	acility: I	DISTRIBUTION	SYSTEM (WSF I	D: 00600)									
Total Co	liform	(3100)								1	rou	tine (RT) p	er quarter	
Samp	pling Po	int (Samp	oling Point ID)			Monitori	ing F	Period	Colle	ction Per	iod	Compli	ance Status	
Selec	ct from I	Inventory	of Active Sampli	ng Points		10/1/18 -	12/	31/18				Coi	mplete	
						1/1/19 -	3/3	1/19						
						4/1/19 -	6/3	0/19						
						7/1/19 -	9/3	0/19						
Physical	Param	eters (P	PS)							1	rou	tine (RT) p	er quarter	
Samp	pling Po	int (Samp	ling Point ID)			Monitoring Period			Colle	ction Per	iod	Compliance Status		
Selec	ct from I	Inventory	of Active Sampli	ng Points		10/1/18 -	12/	31/18				Coi	mplete	
						1/1/19 -	3/3	1/19						
						4/1/19 -	6/3	0/19						
						7/1/19 -	9/3	0/19						
Water Sy	stem F	acility: I	ENTRY POINT	(WSF ID: 00700)										
Nitrate A	And Nit	trite (NO	X)								1 r	routine (R	T) per year	
Samp	pling Po	int (Samp	ling Point ID)			Monitori	ing F	Period	Colle	ction Per	iod	Compli	ance Status	
ENTR	RY POIN	T (3)				1/1/18 - 12/31/18						Coi	mplete	
						1/1/19 - 12/31/19								
						1/1/20 -	12/3	31/20						
			Water	System Facili	ty and Sai	mpling	Po	int In	vent	ory				
Water									Total	Lead o	and			
		System F	acility	Sampling Point		nt			_	т Сорр			Stage	
Facility ID)			ID	Description			Status	Rule	Rule	Tier	Asbestos	WQP 2 DBP	
00600	DISTRI	BUTION S'	YSTEM	4	DISTRIBUTIO			Α						
				DOWNSTREAM				Α						
				UPSTREAM	WITHIN 5 SEF	RVICE CON	N	Α						
00700	ENTRY	POINT		3	ENTRY POINT	•		Α						
59406	WELL:	1		2	WELL 1			Α						
59638	BLADD	ER TANK												
				Con	tact Infor	mation	1							
Name				0	rganization							Job Title		
				_										

Jessica's Garden

City

jessica@jessicasgarden.net

Marlborough

Emergency Phone Email Address

860-604-3332

State

СТ

Zip Code

06447

Mailing Address Line Two

Mobile Phone

Ms. Jessica Carroll

198 E. Hampton Rd

Business Phone

860-295-1685

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

			0		1			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0798034	JESSICA'S GARDEN				NC	36	Р	GW
Local Address (where applicable)		Service	Resider	ntial Commerci	ial Industri	al Combine	ed Agricultural	
198 E HAMPTON	N RD		Connections				1	

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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	Connecticut Dep	artment of	Public H	lealth	Dr	ınki	ng V	Vater S	ection	
	Water Ou	ality Monit	oring and	d Com	ilgi	ance	e Sch	nedule		
PWS ID	PWS Name		0						wner Type P	rimary Source
CT0798054	THE FARM AT CARTER HILI					NC	•	31	P	GW
	here applicable)		Service	Residen	tial (Comme	ercial	Industrial	Combined	Agricultural
86 EAST HAMPT			Connections						1	
Towns Served: N									_	
		Monito	oring Requ	ireme	nts					
Water System	Facility: DISTRIBUTION									
Total Coliform	•	•	<u>, , , , , , , , , , , , , , , , , , , </u>					1 rc	outine (RT)	per quarter
	Point (Sampling Point ID)			Monitori	ng Pe	riod	Colle	ction Perio	= =	ance Status
	Inventory of Active Sampli	ng Points		10/1/18 -						mplete
	μ			1/1/19 -						mplete
				4/1/19 -						
				7/1/19 -						
Physical Parar	meters (PPS)			, , -		,		1 rc	outine (RT)	per quarter
	Point (Sampling Point ID)			Monitori	na Pe	riod	Colle	ction Perio	= =	ance Status
	Inventory of Active Sampli	ng Points		10/1/18 -						mplete
	, ,	<u> </u>		1/1/19 -						mplete
				4/1/19 -		-				
				7/1/19 -						
Water System	Facility: ENTRY POINT	(WSF ID: 00700)				-				
Nitrate (1040	•							1 rc	outine (RT)	per quarter
_	oint (Sampling Point ID)			Monitori	ng Pe	riod	Colle	ction Perio	= =	ance Status
ENTRY POII				4/1/19 -					•	
				7/1/19 -						
Nitrite (1041)				. ,					1 routine (F	RT) per year
	Point (Sampling Point ID)			Monitori	ng Pe	riod	Colle	ction Perio		ance Status
ENTRY POII	NT (3)			1/1/20 -	12/31	1/20			<u> </u>	
Nitrate And N	itrite (NOX)								1 routine (F	RT) per year
	Point (Sampling Point ID)			Monitori	ng Pe	riod	Colle	ction Perio		ance Status
ENTRY POII	NT (3)			1/1/18 -	12/31	1/18			Co	mplete
				1/1/19 -	3/31	/19	1	/1-3/31	Co	mplete
		Other Co	ompliance	Sched	ules	S				
Compliance Sch	edule Activity				Due D	Date		Achieve	d Date	
RESPOND TO SA	NITARY SURVEY			1	/19/2	2017				
	Water	System Facili	ty and Sar	npling	Poi	nt In	vent	ory		
Water							Total			
-	er System Facility	Sampling Point		nt		(Colifori			Stage
Facility ID		ID	Description			tatus	Rule	Rule Tie	er Asbestos	WQP 2 DBPR
00600 DISTE	RIBUTION SYSTEM	4	DISTRIBUTION			Α	Υ			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	1	Α				

WITHIN 5 SERVICE CON

ENTRY POINT

WELL 1

Α

Α

Α

UPSTREAM

3

2

00700 ENTRY POINT

60015 WELL 1

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
PWS Name	Classification	Population	Owner Type	Prima

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0798054	THE FARM AT CARTER HILL				NC	31	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
86 EAST HAMPT	ON RD	Connections					1	

			Co	ontact Inf	ormation					
Name				Organization			Job Title			
Ms. Hazel Luchatz										
Mailing Address Line One Mailing Add			Mailing Addr	ess Line Two		City		State	Zip Code	
78 East Hampton R	oad					Marlbord	ough	СТ	06447	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address				
860-906-7866					860-906-7866	mitchspl	mitchsplace@sbcglobal.net			

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

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End of schedule